

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000025474**

1. Entity Name

AERIAL CRANE INC.

Principal Place of Business

Mailing Address

**4715 SW. 62 AV.
DAVIE FL. 33314**

2. Principal Place of Business

3. Mailing Address

216 SE. 9th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA. FL.

4. FEI Number

65-0904072

Applied For

Not Applicable

Zip

Country

Zip

Country

33004

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUY LEBOEUF
4715 SW 62 AV.
DAVIE FL. 33314**

Name **MARTIN PROULX**

Street Address (P.O. Box Number is Not Acceptable)

216 SE. 9th ST

City

DANIA

FL

Zip Code

33004

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Martin Proulx

MARTIN PROULX

1-12-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **LEBOEUF GUY**
STREET ADDRESS **4715 SW 62nd AVE**
CITY-ST-ZIP **DAVIE FL. 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **ST MARTIN MARIO**
STREET ADDRESS **DAVIE FL. 33314**
CITY-ST-ZIP **4715 SW. 62nd AV.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **PROULX CLEMENT**
STREET ADDRESS **4715 SW. 62 AV.**
CITY-ST-ZIP **DAVIE FL. 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PROULX MARTIN**
STREET ADDRESS **216 SE. 9th STREET**
CITY-ST-ZIP **DANIA FL. 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Proulx*

MARTIN

PROULX

1-12-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90063 024 ***150.00

B0036827

DO NOT WRITE IN THIS SPACE